

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

## FORM D

## NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

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OMB APPROVAL				
OMB Number:	3235-0076			
Expires:				
Estimated average	burden			
hours our rosponse	16.00			

SEC US	E ONLY
Prefix	Serial
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DATE R	ECEIVED
	t

Name of Offering ( check if this is an amend	Iment and name has changed, and indicate change.)	
BLUE STAR LUBRICATION TECHNOLOG		
Filing Under (Check box(es) that apply):	Rule 504 🦳 Rule 505 📝 Rule 506 🔲 Section 4(6	ULOE
Type of Filing: New Filing Amendme		
3	A. BASIC IDENTIFICATION DATA	00061389
1. Enter the information requested about the iss	uer .	
Name of Issuer ( check if this is an amendme	nt and name has changed, and indicate change.)	
BLUE STAR LUBRICATION TECHNOLOG	Y INVESTORS LLC	
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
401 N. Michoigan Ave., Suite 1700, Chicag	o, IL 60611	(312)494-2020
Address of Principal Business Operations	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices)		*
(same)		(same)
Brief Description of Business		··· · · · · · · · · · · · · · · · · ·
Investment as member of start-up company	specializing in the manufacture and sales of inc	dustrial lubricants.
		PROCECCED
Type of Business Organization		Phoceoned
corporation limit	ited partnership, already formed	please specify):
business trust limi	ted partnership, to be formed	NOV 1 3 2006
	Month Year	
Actual or Estimated Date of Incorporation or Orga	nization: 0 7 0 6 Actual Esti	mated THOMSON
Jurisdiction of Incorporation or Organization: (El	nter two-letter U.S. Postal Service abbreviation for Stat	
(	CN for Canada; FN for other foreign jurisdiction)	
GENERAL INSTRUCTIONS		
		•

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

### ASBASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. General and/or Check Box(es) that Apply: ✓ Promoter Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual) Chody, Lance M. Business or Residence Address (Number and Street, City, State, Zip Code) 401 N. Michigan Ave., Suite 1700, Chicago, IL 60611 Check Box(es) that Apply: ✓ Promoter Executive Officer Beneficial Owner Director General and/or Managing Partner Full Name (Last name first, if individual) Smith, Michael Business or Residence Address (Number and Street, City, State, Zip Code) 1242 N. Lake Shore Dr., #18E, Chicago, IL 60610 Check Box(es) that Apply: ☐ Beneficial Owner Executive Officer Director Promoter General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

Executive Officer

Director

General and/or Managing Partner

Beneficial Owner

Check Box(es) that Apply:

Full Name (Last name first, if individual)

Promoter

Business or Residence Address (Number and Street, City, State, Zip Code)

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1.	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?								Yes	No <b>⊠</b>			
	Answer also in Appendix, Column 2, if filing under ULOE.							land	<u>ea</u>				
2.	·							\$_12,	500.00				
									Yes	No			
3.			ermit joint									K	9
4.	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.								ne offering. with a state				
Full	l Name (I	Last name	first, if indi	vidual)			•			•			
Bus	iness or l	Residence	Address (N	umber and	Street, Ci	ty, State, Z	ip Code)				<u> </u>		-
Nar	ne of Ass	ociated Br	oker or De	aler									
Stat			Listed Has									_	
	(Check	"All States	" or check	individual	States)		****************	**************	***************************************	<b>,</b>			l States
	AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR
Ful	l Name (I	Last name	first, if indi	vidual)			······································						***************************************
Bus	siness or	Residence	Address (1	Number an	d Street, C	ity, State, 2	Zip Code)						
Nar	ne of Ass	sociated Br	oker or De	aler			<u>-</u>						
Sta			Listed Has										
	(Check	"All States	or check	individual	States)		************			************	, <u>.</u>	☐ Al	1 States
	AL IL MT RI	IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR
Ful	l Name (	Last name	first, if ind	ividual)									
Bus	siness or	Residence	Address (1	Number an	d Street, C	City, State, 2	Zip Code)						
Nai	me of As:	sociated Bi	oker or De	aler				•					
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers													
(Check "All States" or check individual States)							□ Al	l States					
	AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	ID MO PA PR

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(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

# CHOFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box $\Box$ and indicate in the columns below the amounts of the securities offered for exchange and		
	aiready exchanged.	Aggregate	Amount Already
	Type of Security	Offering Price	Sold
	Debt	s	\$
	Equity	\$	<u> </u>
	Common Preferred		
	Convertible Securities (including warrants)	s	\$
	Partnership Interests	\$	\$
	Other (Specify Membership Interests )	\$_3,517,000.00	\$_3,517,000.00
	Total		
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors	27	§ 3,517,000.00
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		<b>\$</b>
	Answer also in Appendix, Column 4, if filing under ULOE.		
3,	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$ 0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	ı.	
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		<b>S</b>
	Legal Fees	<b>Z</b>	\$ 35,000.00
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)		\$
	Total	<b>Z</b>	\$_35,000.00

	C. OFFERING PRICE, NUMBER	ROP INVESTORS, EXPENSES AND USE OF PR	OCEEDS :	
	b. Enter the difference between the aggregate offering and total expenses furnished in response to Part C — Qu proceeds to the issuer."	nestion 4.a. This difference is the "adjusted gross		s3,482,000.00
5.	Indicate below the amount of the adjusted gross procee each of the purposes shown. If the amount for any p check the box to the left of the estimate. The total of the proceeds to the issuer set forth in response to Part C	ourpose is not known, furnish an estimate and e payments listed must equal the adjusted gross		
	·		Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		]\$	
	Purchase of real estate		]\$	
	Purchase, rental or leasing and installation of machinand equipment		]\$	. <b></b>
	Construction or leasing of plant buildings and facilit	ties	]\$	s
	Acquisition of other businesses (including the value offering that may be used in exchange for the assets issuer pursuant to a merger)	or securities of another	<b>7 S</b>	
	Repayment of indebtedness	<del></del>		
	Working capital	<del></del>	-	
	Other (specify): Investment in target company		] <b>s</b>	\$ 3,482,000.00
			]\$	
	Column Totals			
	Total Payments Listed (column totals added)		□ \$ <u></u> 3,	482,000.00
		D. FEDERAL SIGNATURE		
sig	e issuer has duly caused this notice to be signed by the un nature constitutes an undertaking by the issuer to furnis information furnished by the issuer to any non-accred	sh to the U.S. Securities and Exchange Commiss	ion, upon writte	
		Signature	Pate (5)	
Bl	UE STAR LUBRICATION TECHNOLOGY INVES		10/2	4/06
		itle of Signer (Privit or Type)	,	(
Lar	nce M. Chody	Manager (		

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)